

**Arizona Department of Education  
CHILD AND ADULT CARE FOOD PROGRAM  
Authorized Signature Report**

**Sponsor Name:** \_\_\_\_\_

**CTD:** \_\_\_\_\_

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**Changes in any of the authorized signers must be submitted to the Child Nutrition Programs office on this form. Please type or print the names and titles of additional people authorized to sign the claim for reimbursement and obtain signatures. THE DESIGNATED OFFICIAL who signed the Food Service Agreement must sign on the first line below.**

**If the DESIGNATED OFFICIAL HAS BEEN REPLACED, the new DESIGNATED OFFICIAL should sign on the first line. However, EVIDENCE OF THIS AUTHORIZATION MUST BE ATTACHED. Evidence may include a copy of the board or an official employment notice, etc. (Providing evidence is not applicable to proprietary child or adult care centers)**

**My signature indicates I have read the Food Service Agreement and am aware of the conditions and responsibilities expressed.**

**DESIGNATED OFFICIAL:**

\_\_\_\_\_  
Type or Print Name and Title of Designated Official

\_\_\_\_\_  
Signature of DESIGNATED OFFICIAL

**Other Authorized Signers:**

\_\_\_\_\_  
Type or Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name and Title

\_\_\_\_\_  
Signature

**Authorized Signer(s) To Be Removed:**

\_\_\_\_\_  
Type or Print Name and Title

